



CALIFORNIA STATE ATHLETIC COMMISSION

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2003

APPLICATION FOR AMATEUR BOXER OR AMATEUR MARTIAL ARTS FIGHTER

ALONG WITH THIS APPLICATION PLEASE SUBMIT THE
 FOLLOWING ITEMS TO THE ATHLETIC COMMISSION:

☐ Physical/Eye Examination Report completed by a licensed
 physician

☐ 2 Photographs (2" x 2") signed on back

OFFICE USE ONLY

License # _____

Received By _____

Date App Received _____

P/E Date _____

APPROVE FOR TEMP / PERMANENT LICENSE

FULL NAME:		LAST		FIRST		MIDDLE	
(Please Print)							
ADDRESS:		Street Number and Name		City		State Zip Code	
PHONE NUMBER							
()							
AGE	(Circle One)	Date of Birth	Social Security Number		Height	Ring Weight	
	M / F		(Mandatory)				
					ft. in.	lbs.	

HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OTHER THAN MINOR TRAFFIC VIOLATIONS? ☐ YES ☐ NO
 (You must answer "Yes" even if a conviction or plea of guilty was changed, withdrawn, dismissed, discharged, set aside
 or pardoned under Section 1203.4 of the Penal Code) If answer is "Yes", please explain and attach copy of
 conviction: _____

ARE YOU NOW ON PAROLE OR PROBATION? ☐ YES ☐ NO

Name of Parole or Probation Officer: _____

HAVE YOU PREVIOUSLY APPLIED FOR LICENSURE AS AN AMATEUR BOXER? ☐ YES ☐ NO

Where: _____

HAVE YOU EVER HAD ANY LICENSE REVOKED, SUSPENDED, BEEN DISCIPLINED OR FINED? ☐ YES ☐ NO

If answer is yes, please explain: _____

(Please Complete Other Side)

HAVE YOU EVER USED ANY OTHER NAME(S)? ☐ YES ☐ NO If answer is yes, list name(s): _____

EXPERIENCE:

HOW LONG HAVE YOU BEEN TRAINING? _____

Where do you train? _____ How many bouts have you had? _____

Have you ever participated in a professional boxing contest? ☐ YES ☐ NO If so, where? _____

Where did you box before coming to this State? _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Authority to provide the California State Athletic Commission with this information is established pursuant to Sections 18640, 18642 and 18643 of the Business and Professions Code. Disclosure of your social security number is mandatory pursuant to Section 30 of the Business and Professions Code and Pub. L.94-455 (42 USCA 405 (c) (C) authorizes collection of your social security number. Your social security number will be used exclusively for tax enforcement purposes, and for purposes of compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code. If you fail to disclose your social security number, your application for initial or renewal license will not be processed and you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you. **All items in this application are mandatory; none are voluntary.** Failure to provide any of the requested information will result in the application being rejected as incomplete. The information provided will be used to determine qualification for licensure. Applicants have the right to review their application subject to the provisions of the Information Practices Act. The Executive Officer is the custodian of records.

I declare under penalty of perjury under the laws of the State of California, that the foregoing is true and correct.

APPLICANT'S SIGNATURE _____ DATE _____